

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *462**Dr. Webb.*

06264 290

Reg. Dist. No. 290

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

City or town

*Talbot
Easton, Md.
Rural*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *23 yrs.*Hospital, institution, or street address where death occurred:
Outpatient

How long in hospital or institution?

3. (a) FULL NAME

Samuel Henry Benson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored Married

8. (b) Name of husband or wife

Emily T. Benson

7. Birth date of deceased (mo., day, yr.)

April 11 - 1886

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

60 2 8

hrs.

min.

9. Birthplace

Pocomoke City

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Ferry

MOTHER FATHER

12. Name

John Benson

13. Birthplace

Pocomoke City, Md.

14. Maiden name

Emily Queen

15. Birthplace

Pocomoke City, Md.

16. Informant

Emily T. Benson

Address

Easton Rural Md.

17. Burial

Date thereof *June 22 - 46*
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

St. Paul's Church Cemetery

Location

Easton, Rural, Md. Dismal corner

18. Funeral director

John D. Williams

Address

Easton, Md.

19. Date rec'd by registrar

6/25 1946

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Talbot

City or town

*Easton**Rural*

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

212-12-3791

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 20 1946 at 12 45 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*May 26 1946 to June 20 1946*and that I last saw him/her alive on *June 20 1946*Immediate cause of death *Paroxysm**of the Colon*

DURATION

? 2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Hayward T. M.D.

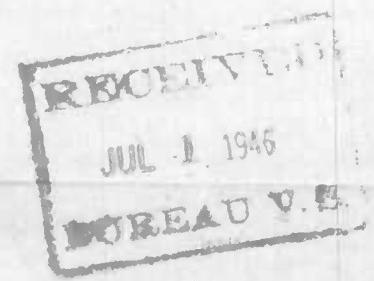
M.D. or other

Address

Easton, Md.

Date signed

6/21/46



Evidence for the change of
age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

66265

FILM No. 104 JUN 18 1940

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I MARGIN RESERVED FOR BINDING

I

9-45-1

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 63 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Anna Braman

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Single

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Feb. 10 - 1853

6.(c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

93

9/21

3

28

hrs.

min.

9. Birthplace

Germany

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

12. Name

Andrew Braman

13. Birthplace

Germany

14. Maiden name

Frances Braman

(unwritten)

15. Birthplace

Germany

16. Informant

Miss Elizabeth Voit

Address

Easton, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Spring Hill Cemetery

Location

Easton, Md.

18. Funeral director

John D. Williams

Address

Easton, Md.

19. (Date rec'd by registrar)

6/7

1946

N. H. Neirue

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Talbot.

City or town

Town Mills

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 7 1946 at 6:50 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 11 1946 to June 7 1946

and that I last saw her alive on June 6, 1946.

Immediate cause of death

Chronic

mitral valvular disease

case with atriosclerosis

Yes, do not know

Due to

Due to

Other conditions

Chronic interstitial

renal nephritis.

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

S. Sonny Wilson Jr. M.D. or other

Address

St. Michaels, Md.

Date signed June 28, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (U)

CERTIFICATE OF DEATH

06266

290

Reg. Dist. No.

1. PLACE OF DEATH:

County.....*Talbot*City or town.....*Easton*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *Memorial Hospital*Hospital, Institution, or street address where death occurred: *Easton, Md. - Memorial Hospital*How long in hospital or institution? *2.*

3. (a) FULL NAME:

*Alfred Eugene Coleman*4. Sex *Male* 5. Color of face *white* 6.(a) Single, married, widowed, or divorced *married*6.(b) Name of husband or wife *Edith L. Coleman*7. Birth date of deceased (mo., day, yr.) *June 29, 1894* 6.(c) If alive, give age *54* years8. AGE: Years *71* Months *11* Days *3* If less than one day
hrs. min.9. Birthplace *Queen Anne Co., Md.*
(Town, county, and state)10. Usual occupation *Laborer*

11. Industry or business

FATHER 12. Name *William Coleman*13. Birthplace *Queen Anne Co., Md.*MOTHER 14. Maiden name *Sarah M. Beaton*15. Birthplace *Queen Anne Co., Md.*16. Informant *Mr. Edith Coleman*Address *Easton, Md.*17. Burial *Burial* Date thereof *June 3, 1946*

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory *Lauderdale Park*Location *Easton, Md.*18. Funeral director *Maurice E. Newman & Son*Address *Easton, Md.*19. *6/1 1946* Date rec'd by registrar *J. F. Neary*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....*Md.*County.....*Talbot*City or town.....*Easton*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *327*Date signed *June 1, 1946*

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

218-24-6141

MEDICAL CERTIFICATION

20. DATE OF DEATH: *June 1946*21. I CERTIFY that death occurred on the date above stated: that I attended deceased from *May 30, 1946* to *June 1, 1946*, and that I last saw him alive on *May 31, 1946*.Immediate cause of death *Diabetes**coma*Due to *neglected diabetes*Due to *Nephritis**chronic**Hypertrophied**prostate*

(Include pregnancy within 8 months of death)

Major findings of operations *none*

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Schneider

M. D. or other

Address *Easton, Md.* Date signed *June 1, 1946*

RECEIVED

JUN 6 1946

BUREAU U. S.

Redacted

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1579

CERTIFICATE OF DEATH

86267

Reg. Dist. No.

290

1. PLACE OF DEATH:

County

Salisbury

City or town

Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days 16 hrs. 5 mins.

Hospital, institution, or street address where death occurred:

The Memorial Hospital, Easton, Md.

How long in hospital or institution? 2 days 16 hrs. 5 mins.

3. (a) FULL NAME

Henry Oren
Baby Boy Degen

4. Sex

5. Color of race

6. (a) Single, married, widowed, or divorced

m

w

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

5/31/46

8. AGE:

Years

Months

Days

If less than one day

2

hrs.

min.

9. Birthplace

Easton, Salisbury, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Henry Degen

13. Birthplace

Towson

14. Maiden name

Alice Oren

15. Birthplace

Cambridge, Md.

16. Informant

Mrs Alice O. Degen

Address

Cordova, Md.

17. Burial

(Burial, cremation, or removal? Which?)

Date thereof 6/3/46
(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton

18. Funeral director

P. G. Clegg Clark Lewis

Address

Easton, Md.

19. (Date recd by registrar)

6/3 1946

N. S. Morris

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Salisbury

City or town Cordova

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

6-2-46 19 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 31 1946 to 6-2 1946

and that I last saw him alive on 6-2 1946

Immediate cause of death

McGormick
of digestive tract

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

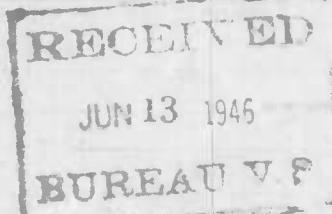
Injured at work?

23. SIGNATURE

Harr Lederer M.D.

M. D. or other

Address River Anne Md Date signed 6/4



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is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3D

06268

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County TalbotCity or town St. Michaels,

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 57 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John S. Evans4. Sex male5. Color or race white6. (a) Single, married, widowed, or divorced widower6. (b) Name of husband or wife Elizabeth Evans

7. Birth date of

deceased (mo., day, yr.) Dec 15 18556. (c) If alive, give age 1855 years

8. AGE:

Years <u>90</u>	Months <u>5</u>	Days <u>30</u>	If less than one day hrs. <u></u> min. <u></u>
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9. Birthplace Salisbury, Maryland

(Town, county, and state)

10. Usual occupation Retired Foundryman

11. Industry or business

12. Name William Evans13. Birthplace Salisbury, Maryland14. Maiden name Sally A. Gordy15. Birthplace Salisbury, Maryland16. Informant Mrs. Florence HaddawayAddress St. Michaels, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Junel 7, 1946
(month) (day) (year)Cemetery or ~~#~~ OlivetLocation St. Michaels, Md.18. Funeral director Newnam & HarrisonAddress St. Michaels, Maryland.19. Date rec'd by registrar June 15 1946 John Newnham

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town St. Michaels,

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(d) If veteran, name war

3. (b) Social Security Number
none

MEDICAL CERTIFICATION

20. DATE OF DEATH

14 June 1946 at 0920 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

23 April 1946 to 14 June 1946and that I last saw h. ~~alive~~ alive on 14 June 1946Immediate cause of death Dehydration
and antitubercular
obstructiveDue to Cancer of Prostate
with CarcinomatosisDue to Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Herbert Morrison, M.D. M. D. or otherAddress St. Michaels, Md. Date signed 14 June 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 35

66269

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County.....

Balbot

City or town.....

Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Date

Hospital, Institution, or street address where death occurred:

327 South Lane

How long in hospital or institution?

3. (a) FULL NAME

Theodore P. Gibson

4. Sex

Male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Infant

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

Feb. 26, 1945

6.(c) If alive, give age..... years

1 3 6

8. AGE: Years Months Days If less than one day

1 3 6 hrs. min.

9. Birthplace.....

Easton, Md.

(Town, county, and state)

10. Usual occupation.....

Infant

11. Industry or business.....

Theodore P. Robinson

12. Name.....

Hilda M. Gibson

13. Birthplace.....

Virginia

14. Maiden name.....

Hilda M. Gibson

15. Birthplace.....

Easton, Md.

16. Informant.....

Hilda M. Gibson

Address.....

327 South Lane - Easton, Md.

17. Burial.....

Date thereof..... June 4, 1946

(Burial, cremation, or removal. When?)

Cemetery or crematory.....

Richards

Location.....

Easton, Md.

18. Funeral director.....

Relia Clark

Address.....

Easton, Md.

19. Date rec'd by registrar.....

6/4 1946

Registrar.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County.....

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No. 327 South Lane

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 2 1946 at 4:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 22 1946 to June 2 1946

and that I last saw him alive on June 2 1946

Immediate cause of death..... Measles

Duration 12 days

Due to.....

Due to.....

Other conditions..... Measles

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... Hayward T. Miller, M.D.

M. D. or other

Address..... Easton, Md. Date signed 6/3/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3rd

D. M. T. Snell

CERTIFICATE OF DEATH

1627 Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 yrs

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

3. (a) FULL NAME

Henrietta Golt

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White

Widow

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

March 23-1870

8. AGE:

Years
76Months
2Days
70It less than one day
hrs.

min.

9. Birthplace

Talbot Co. Md.

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

George Messick

Towline Co. Md.

FATHER

12. Name

George Messick

Towline Co. Md.

13. Birthplace

Mary E. Golt

Talbot Co. Md.

MOTHER

14. Maiden name

Mary E. Golt

Talbot Co. Md.

15. Birthplace

Edwin Golt

Easton, Md.

16. Informant

Address

Easton, Md.

Burial

Date thereof

(month) (day) (year)
June 14 46

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Springfield Cemetery

Location

Easton, Md.

18. Funeral director

John W. Mulligan

Address

Easton, Md.

19. Date rec'd by registrar

6/13 1946

N.R. Nease

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Md

Talbot

City or town

Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 12 1946 at 11:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 1945 to June 12 1946

and that I last saw her alive on June 12 1946

Immediate cause of death

Cardiac decompensation DURATION

Due to

Chronic myocarditis years

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Alfred F. Buell

Md. or other

Address: Easton, Md. Date signed June 13, 1946

RECEIVED

JUN 18 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57-21

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County.....

Talbot

City or town.....

Easton.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 14 hrs. 5 min.

Hospital, Institution, or street address, where death occurred:

The Memorial Hospital.

How long in hospital or institution?..... 14 hrs. 5 min.

3. (a) FULL NAME

Baby Boy Grie

4. Sex

m

5. Color or race

w

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6/15/46

6.(c) If alive, give age..... years

8. AGE:

Years	Months	Days	If less than one day
			14 hrs. 5 min.

9. Birthplace.....

Easton Talbot Maryland

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

Henry Grie

13. Birthplace

Lodi, NJ

14. Maiden name

Henrietta Pekma.

15. Birthplace

Patterson NJ

16. Informant

Mrs. Henrietta P. Grie

Address

Preston Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... 6/16/46
(month) (day) (year)

Cemetery or crematory

Preston

Location

Preston Md

18. Funeral director

Frank J. Miller (w)

Address

Easton Md

19. (Date rec'd by registrar)

6/15 1946

19. 46

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County.....

Caroline

City or town..... Preston

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

6/15/46

19

at 9²⁵ P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 15 1946 to June 15 1946

and that I last saw him alive on June 15 1946

Immediate cause of death.....

Congenital Cystic Lung

DURATION

14 hrs

Due to..... Congenital Cystic Lung

Congenital

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results..... Congenital Cystic Lung

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mssns of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Baby Boy Grie Date signed 6/15/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 372

CERTIFICATE OF DEATH

66272

Reg. Dist. No. 290

1. PLACE OF DEATH:
 County *in Talbot*
 City or town *Talbot*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *23 days*
 Hospital, Institute, or street address where death occurred:
The Memorial Hospital
 How long in hospital or institution? *23 days*

3. (a) FULL NAME

Mr. Stephen Holland

4. Sex *m* 5. Color or race *w* 6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *April 3, 1858* 6.(c) If alive, give age years

8. AGE: Years *88 (?)* Months Days If less than one day
..... hrs. min.

9. Birthplace *St. Michaels*
(Town, county, and state)

10. Usual occupation *Carpenter*

11. Industry or business

MOTHER FATHER *John H. Holland*
12. Name *John H. Holland*
13. Birthplace *St. Michaels Md*

MOTHER *Sarah Carrolls*
14. Maiden name *Sarah Carrolls*
15. Birthplace *St. Michaels Md*

16. Informant *Claricee Holland*
Address *1717 R St. N.W. Washington D.C.*

17. Burial Cemetery or crematory *Clint Lupton*
(Burial, cremation, or removal, Which?) Date thereof. *June 28, 1946* (month) (day) (year)

Location *St. Michaels Md.*

18. Funeral director *Newman & Harrison*
Address *St. Michaels Md.*

19. *6/27 1946* *N.H. Nease*
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Talbot*
 City or town *St. Michaels Md.*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *6/26/46* 19 at *6:30 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *June 3 1946* to *6-26 1946*

and that I last saw him alive on *6-26 1946*

Immediate cause of death

arteriosclerosis, generalized
Severity

Due to.....

Due to.....

Other conditions *Hypertrophoid Prostate*

(Include pregnancy within 3 months of death)

Major findings, of operations. *Suprapubic cystotomy* Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide..... Date of

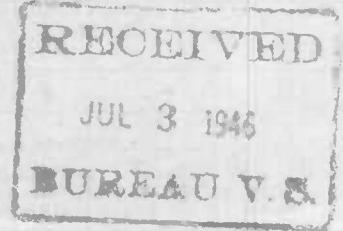
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE *13 Cor In-D.* M. D. or other

Address *Talbot* Date signed *6-27-46*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2D

CERTIFICATE OF DEATH

06273

Reg. Dist. No. 290

Seymour

1. PLACE OF DEATH:

County DelawareCity or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sadie Walton Lee

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

M.

6. (b) Name of husband or wife

Alma Lee

7. Birth date of deceased (mo., day, yr.)

Jan 16, 18786. (c) If alive, give age 69 years

8. AGE:

Years 68 Months 4 Days 20 If less than one day

9. Birthplace

Preston, Dela. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Edward J. Moore

MOTHER FATHER

12. Name

Edward J. Moore

13. Birthplace

N.D.

14. Maiden name

Emma Andrews

15. Birthplace

N.D.

16. Informant

Sadie Lee

Address

Easton, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 8, 1946

(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton, Md.

18. Funeral director

W.H. Clark

Address

Easton, Md.

19. (Date rec'd by registrar)

6/7 1946

(Date rec'd by registrar)

W.H. Clark

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County EastonCity or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

June 6, 1946 at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1, 1946 to June 6, 1946 and that I last saw her alive on June 6, 1946.

Immediate cause of death

Valvular heart disease 6 mo.Due to Arterio Sclerosis

DURATION

6 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

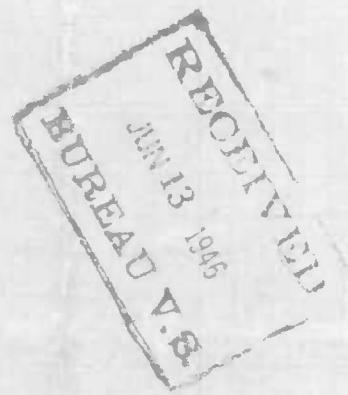
Injured at work?

23. SIGNATURE

William S. Seymour

M. D. or other

Address Easton, Md. Date signed 6/7/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

66274 290
Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County TalbotCity or town Easton Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 2 days

3. (a) FULL NAME

Mrs. Mamie Pollard

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

John Pollard6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.)

about 1885

8. AGE:

61

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state) Md.

10. Usual occupation

at home

11. Industry or business

William Murphy

12. Name

Martha Andrews

13. Birthplace

Maryland

14. Maiden name

Martha Andrews

15. Birthplace

Maryland

16. Informant

John Pollard Husband

Address

Ridgeley Md

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Ridgeley Cemetery

Location

Ridgeley Md

18. Funeral director

J. E. Jackson & Son

Address

1 Doctor's End

19. Date rec'd by registrar

6/81946N.H. Deere

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County DorchesterCity or town Ridgeley Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

6-8-46

19

at

6:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 6 1946, to June 8 1946,and that I last saw him alive on June 8 1946.

Immediate cause of death

Uterine

DURATION

Due to

Gastric varices

Due to

Chronic nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. V. Palmer M.D.

M. D. or other

Address Caston, MarylandDate signed 6/8/46

RECEIVED

JUN 18 1946

BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 240

CERTIFICATE OF DEATH

16275

Reg. Dist. No. 290

1. PLACE OF DEATH:

County.....

Talbot

City or town.....

Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 28 hours

Hospital, institution, or street address where death occurred:.....

The Remmick Hospital

How long in hospital or institution?..... 28 hours

3. (a) FULL NAME

Mrs. Van Lennep Schuyler

4. Sex

Male

5. Color or race

W

6.(a) Single, married, widowed, or divorced

-

6.(b) Name of husband or wife.....

Ruth Ernest Schuyler

7. Birth date of deceased (mo., day, yr.)

April 29, 1905

6.(c) If alive, give age

25 years

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 470

CERTIFICATE OF DEATH

16276

Reg. Dist. No. 290

1. PLACE OF DEATH:

County

Balbot

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Balbot Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

ALLEN HIGHLEY VALLIANT

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Elaine Morris Valliant

7. Birth date of deceased (mo., day, yr.)

June 20, 1887

6. (c) If alive, give age years

51

8. AGE: Years

58

Months

11

Days

19

If less than one day

hrs.

min.

9. Birthplace

Balbot Co. Maryland

(Town, county, and state)

10. Usual occupation

Insurance Agent

11. Industry or business

Balbot Life Insurance Co.

MOTHER FATHER

Allen Highley Valliant

12. Name

Balbot Co. Md.

13. Birthplace

Balbot Co. Md.

14. Maiden name

Sara Merrick

15. Birthplace

Balbot Co. Md.

16. Informant

Allen H. Valliant Jr.

Address

Balbot, Md.

17. Burial

Date thereof June 12, 1946

(Burial, cremation, or removal? Which?)

(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Balbot, Md.

18. Funeral director

O'Leary Bros. Inc.

Address

Balbot, Md.

19. 6/10

19. 46

N.S. Neerius

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

Balbot

City or town

Balbot

(If outside city or town limits, write RURAL and give nearest town)

Street No.

6172 South St.

(If rural, give LOCATION)

219-03-3836 ↗

3. (b) Social Security Number

219-03-3836

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 9, 1946 at 10:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 23, 1946, to June 9, 1946

and that I last saw him alive on June 6, 1946.

Immediate cause of death

metastatic carcinoma

of lung.

Due to original form unknown

DURATION

3 months

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

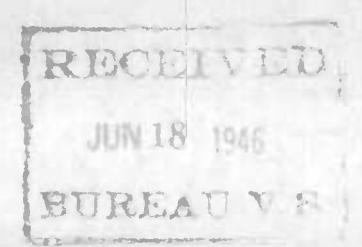
B. Cope M.D.

M. D. or other

Address

Balbot, Md.

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

CERTIFICATE OF DEATH

Reg. Dist. No. 267

66277290

1. PLACE OF DEATH: *Green Anne Talbot*
 County *Eaton Hospital*
 City or town *(Outside city or town limits, write RURAL and give nearest town)*

How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Richard Watson

4. Sex *Male* 5. Color or race *col.* 6. (a) Single, married, widowed, or divorced *Married*

6. (b) Name of husband or wife *Dont know*

7. Birth date of deceased (mo., day, yr.) *Dec. 25-1909* 8. (c) If alive, give age *years*

8. AGE: Years *36* Months *5* Days *7* Less than one day *hrs. min.*

9. Birthplace *North Carolina*
 (Town, county, and state)

10. Usual occupation *Oyster Shucker*

11. Industry or business

FATHER 12. Name *Dont know*

MOTHER 13. Birthplace *Dont know*

14. Maiden name *Dont know*

15. Birthplace *Dont know*

16. Informant *Benjamin Washington*

Address *Greenville 2nd*

17. Burial *Burial* Date thereof *June 6 1946*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Greenville Cemetery*

Location *Greenville S.C.*

18. Funeral director *Edgar L. Lane*

Address *Church Field*

19. Date rec'd by registrar *June 13 1946* Edgar L. Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State *MD* County *Green Anne*
 City or town *Greenville* (If outside city or town limits, write RURAL and give nearest town)
 Street No. *(If rural, give LOCATION)*

2.(a) If veteran, name war

3. (b) Social Security Number

212-12-343

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 1 1946* at *10 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....

and that I last saw h..... alive on 19.....

Immediate cause of death..... DURATION

*Shot with pistol - bullet
punctured femoral artery*

Due to and he bled to death

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Homicide* Date of *6/1-46*

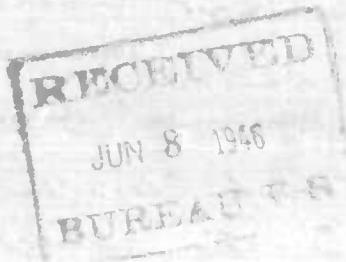
Where did injury occur? *Narrow St* (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury *Shot by pistol* Injured at work?

23. SIGNATURE *W. Devereux Fisher*

Address *Dept. Corn P. H. & A. Bldg. 2nd flr.* Date signed *6/3-46*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4

16278

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot CountyCity or town Edenton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Memorial Hospital EdentonHow long in hospital or institution? 2 days & 30 min.

3. (a) FULL NAME

Mrs.

Rebecca M. Whitham

4. Sex

F

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Married -

6. (b) Name of husband or wife

Jay M. Whitham6. (c) If alive, give age 88 years1862

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 84 Months - Days - If less than one day - hrs. - min. -9. Birthplace Maryland
(Town, county, and state) -

10. Usual occupation

11. Industry or business

FATHER 12. Name Julius M. Whitham
13. Birthplace meMOTHER 14. Maiden name Mary Jane
15. Birthplace Wa.16. Informant Dr. Jay M. WhithamAddress Memorial Hospital city Edenton17. Burial Date thereof 7/30/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory AnnapolisLocation Annapolis state MD18. Funeral director Le Conte & Funeral ServiceAddress Edenton19. 6/30/46 1946 N.H. Morris
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Edenton
(If outside city or town limits, write RURAL and give nearest town)Street No. None
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30/4621. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 to June 30, 1946.and that I last saw her alive on June 30, 1946.Immediate cause of death Cardiac failureVereniaDue to Hypertensive cardio-mesenteric disease

Due to

Other conditions Diabetic mellitus

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide...

Date of

Where did Injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

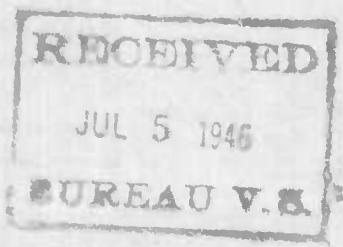
Injured at work?

23. SIGNATURES

Thomas Hanson M.D.

M. D. or other

Address Saint John, Md.Date signed 6/30/46



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

CERTIFICATE OF DEATH

6279

Reg. Dist. No. 296

1. PLACE OF DEATH:

County.....

Talbot

City or town.....

S. Talbot

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

5 days 5 hrs. 45 min.

Hospital, institution, or street address where death occurred:

The Memorial Hospital

How long in hospital or institution?

5 days 5 hrs. 45 min.

3. (a) FULL NAME

Mr. Lester Willey

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male w

6.(b) Name of husband or wife.....

Mrs. Leonard Willey

7. Birth date of deceased (mo., day, yr.)

March 28, 1883

8. AGE: Years Months Days If less than one day

63

hrs.

min.

9. Birthplace.....

St. Michaels Md.

(Town, county, and state)

10. Usual occupation.....

Waterman

11. Industry or business

MOTHER FATHER

12. Name.....

Charles W. Willey

13. Birthplace.....

St. Michaels Md.

14. Maiden name.....

Sarah Harrison

15. Birthplace.....

St. Michaels Md.

16. Informant.....

Mrs. Lester Willey

Address

St. Michaels Md.

Burial

Cemetery

(Burial, cremation, or removal. Which?)

Date thereof. (month) (day) (year)

Cemetery or crematory.....

Clift Cemetery

Location.....

St. Michaels Md.

18. Funeral director.....

Newman & Hansen

Address

St. Michaels Md.

19.

6/6 1946

N.H. Neerix

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Talbot

City or town.....

St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 6

1946 at 9¹⁵ p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
2 pm 1946 to 6 pm 1946, and that I last saw him alive on

Immediate cause of death.....

Carcinoma

DURATION

Due to.....

Due to.....

Other conditions.....

Carcinoma of the uterus - ?

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

Thomas Harrison

M. D. or other

Address.....

Carter

Date signed

12 June 1946

